



OFFICE OF COMMISSIONER OF INSURANCE  
COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER  
Ralph T. Hudgens, Commissioner



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AGENTS LICENSING

Request For Continuing Education Reduction / Exemption

GID-101E-AL AUG2014

### 1. GENERAL INSTRUCTIONS

- A. This request should only be submitted by resident licensees.  
B. **If granted, a Reduction or Exemption will apply only to the current renewal cycle.** You must still complete the standard CE requirements as usual for the next renewal cycle.

### 2. LICENSEE INSTRUCTIONS

Indicate whether you are requesting a Reduction or an Exemption by placing an "X" in the appropriate box. Be sure to fill out the corresponding section based on your request. Print your name as it appears on your Georgia insurance license in the boxes provided. Select your license prefix by placing an "X" in the appropriate box and print your license number and social security number. If applicable, select your professional designation. The licensee must sign this document.

Select One Request Type: ☐ Reduction ☐ Exemption

LICENSEE'S NAME:

Last Name	First Name	MI	Suffix (Jr., Sr.)

<input type="checkbox"/> Agent	<input type="checkbox"/> Counselor	<input type="checkbox"/> Limited Subagent	<input type="checkbox"/> Surplus Lines Broker
<input type="checkbox"/> Adjuster	<input type="checkbox"/> Crop/Hail Adjuster	<input type="checkbox"/> Public Adjuster	<input type="checkbox"/> Workers Compensation

License Number	National Producer Number	EIN

### 3. PROFESSIONAL DESIGNATION

**Be sure to attach required proof of designation.** These designations entitle you to reduced continuing education requirements. You need only complete 6 hours of continuing education per year for as long as you hold one of the designations below.

<input type="checkbox"/> CLU	Chartered Life Underwriter	<input type="checkbox"/> AAI	Accredited Advisor In Insurance
<input type="checkbox"/> FLMI	Fellow Life Management Institute	<input type="checkbox"/> CIC	Certified Insurance Counselor
<input type="checkbox"/> CEBS	Certified Employee Benefit Specialist	<input type="checkbox"/> BBA	Risk Management and Insurance
<input type="checkbox"/> CPCU	Chartered Property & Casualty Underwriter	<input type="checkbox"/> PHD	PHD in Insurance
<input type="checkbox"/> CHFC	Chartered Financial Consultant	<input type="checkbox"/> CFP	Certified Financial Planner
<input type="checkbox"/> CISR	Certified Insurance Representative	<input type="checkbox"/> CRM	Certified Risk Manager

### 4. REDUCTION REQUEST

Fill out this section **only** if you requested a Continuing Education **Reduction** in section e of this document.

I am requesting a reduction in continuing Education requirements as a result of \_\_\_\_\_ hour(s) spent on the following activity:

<input type="checkbox"/> Insurance related legislative activities	<input type="checkbox"/> Projects involving research of insurance laws and regulations
<input type="checkbox"/> Teaching courses in insurance related topics	<input type="checkbox"/> Journalism activities involving insurance related topics

School/Courses

Paper/Magazine/Television Network

I would like my Continuing Education Requirement hours reduced to: \_\_\_\_\_ hours.

### 5. EXEMPTION REQUEST

Fill out this section **only** if you requested a Continuing Education **Exemption** in section 2 of this document.

<input type="checkbox"/> Illness:	Attending physician must sign and attach supporting documentation
<input type="checkbox"/> Other:	_____

SIGNATURE OF LICENSEE

DATE

Mail request to:

**PSI SERVICES LLC**

2997 Cobb Parkway SE, P.O. Box 723957, Atlanta, Georgia 31139